



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

MGE/146000

PRELIMINARY RECITALS

Pursuant to a petition filed December 13, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Waukesha County Health and Human Services in regard to Medical Assistance, a hearing was held on January 15, 2013, at Waukesha, Wisconsin.

The issue for determination is whether the agency correctly denied a September 2012 application for Medicaid for failing to verify.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: J. Lomonte

Waukesha County Health and Human Services
500 Riverview Avenue
Waukesha, WI 53188

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Waukesha County.
2. Petitioner filed an application for elderly, blind or disabled medical assistance on September 11, 2012. Petitioner is married and the application also included his spouse.
3. The application indicated that Petitioner's spouse is employed.

4. The agency sent Petitioner a written request for verification of income and assets. The initial due date was October 11, 2012. That was extended to October 25, 2012 and then again to October 29, 2012. Ultimately the agency received all requested verification except it received only one paycheck stub for Petitioner's spouse covering only two weeks rather than a full month of earnings.
5. The agency denied Petitioner's application because it did not receive the requested the verification.

DISCUSSION

Once an application is filed the local agency has 30 days to process the application and make a determination as to whether or not the applicant is eligible. *Medicaid Eligibility Handbook (MEH)*, §20.7.1.1. Verification of income is mandatory at application. *MEH*, §20.3.1. An application is to be denied if verification is not produced if the time to produce has passed provided there is notice and power to produce. *MEH*, §20.8.3. Here one paycheck stub was submitted but not a second one without any indication of a lack of power to do so. Written notice was provided. See Ex. # 3. Thus the agency correctly requested verification of income and correctly denied benefits as it was not received.

This case does, however, have a bit of a twist. At the hearing it was suggested to Petitioner that he reapply for Medicaid and request that those benefits be backdated. If eligible this would have permitted Petitioner's medical assistance to be activated as early as to October 1, 2012. The case notes for the case were not available in the information submitted by the agency prior to the hearing and the undersigned requested that the agency submit them after the hearing. The agency did so. Those case notes indicate that Petitioner met with the agency worker immediately after the hearing to fill out a new Medicaid application. At that point, however, Petitioner indicated he was not interested in Medicaid; rather, he was looking for assistance with payment of Medicare premiums. Petitioner's birth date is in 1935; his wife's birthdate is in 1947. Thus both would be eligible for Medicare. The case note indicates that Petitioner was frustrated when he learned of the income limits and left the agency without completing any new application. Given this, I include the following information for Petitioner as it may help clear up any confusion.

Spouses are legally responsible for each other financially. *See, MEH*, §32.1.2. The gross income for Petitioner's household is at least \$3800 per month from Petitioner's wife's employment based on the one paycheck stub. The Medicaid Savings Programs and income limits are as follows:

32.1.3 MSP Benefits

1. QMB Medicaid pays Medicare Part A & B premiums and Medicare deductibles and coinsurance.
2. SLMB Medicaid pays Medicare Part B premiums.
3. SLMB +. Medicaid pays Medicare Part B premiums.
4. QDWI Medicaid pays Medicare Part A premiums. [widowed individuals only]
See MEH, §32.1.3.

QMB 100% FPL; per *MEH*, §32.2.3; 100% - \$1260.83

SLMB 100-120%; per *MEH*, §32.3.2; 120% - \$1513.00

SLMB+ 120-135%; per *MEH*, §32.4.2; 135% - \$1702.13

The Federal Poverty Levels just noted for a group of two. *See MEH*, §39.5

CONCLUSIONS OF LAW

That the agency correctly denied Petitioner's application for Medicaid for failing to verify.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

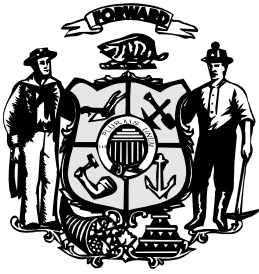
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 28th day of February, 2013

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on February 28, 2013.

Waukesha County Health and Human Services
Division of Health Care Access and Accountability